MAKILAND STATE DEPAKIMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the affending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

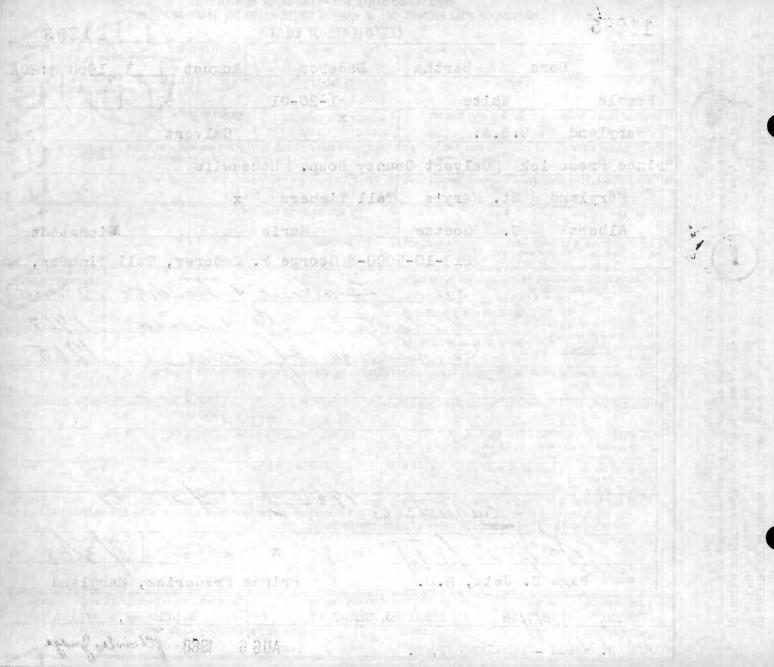
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11284 CERTIFICATE OF DEATH

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D. CITY OR TOWN (If outside corporate limits, write RVRAL and give nearest town) and give nearest town) and give nearest town) and give nearest town of the part o	PLACE DF DEATH a. COUNTY			(Where deceased lived	I, If institution: Resider	nce before admission)
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O. ALMAE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Padgett's Nursing Home 3. NAME OF DEVER SED (Type or print) 5. SEX PORT BECEASED (Type or print) 5. SEX BOURD OR RACE 7. MARRIED NEVER MARRIED N	b. CITY OR TOWN (if outside corporate lin	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate lim	its, write RURAL and	give nearest town)
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PAGGETT'S NUTSING HOME A COLOR OF RACE 7. MARRIED NEVER	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
DECEASED (Type or print) Sex		Home	Owings, 1	Md.		
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10. SUAL OCCUPATION Give kind of workdone 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFDRMANT Address 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). 18. CAUSE OF DEATH (BOTHER) 19. WAS AUTOPE 19.	Female White w	DIVORCED DIVORCED	10/11/1877			s Hours Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hyattsville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vertical Carrier of Manual	during most of working life, even if retired)	INDUSTRY			country) 12. CITIZE	
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22c. PHYSICIAN'S NAME (Type) WILLOWA F. SWITCH MD 22d. ADDRESS STAND SIDE MANUAL (Specify) REMOVAL (Specify) REMOVAL (Specify) (State)		P /	death becomed a	/ Hom the or		
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Dar Tar 10,0, Tool 1 Total Taranta	Burial 8/8/1968	B Fort Lincol	In Cemetery	Colmar	Manor, Ma	aryland
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		ADDRESS	A 1 1	D BY REGISTRAR 2	5b. REGISTRAR'S SI	GNATURE .
Nalley's Funeral Home Mt. Rainier, Md. DATE AUG 12 1968 followles Judge	Nalley's Funeral n	Mt. Rainier,	Md. DATE AU	6 1 2 1968	funda	Judge

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To Ho Page To Fun	REMOVAL (Specify)	8/7/68, IMMAN	CEMETERY OR CREMATORY JEL CEMETERY	23d. LOCATION (City or Town) BAITIMORE	
VR A15 (4) 30M REV. 1/68	JOHN M. WELCH	ADDRES - LEONARDTOWN, MD.	DATAU (BY REGISTRAR 25b. REGISTRAR'S	les Judge



4	MARYLAND STATE DEPARTMENT OF HEALTH
	1 1 286 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Son Print) 20. DATE KNOWN Month Doy Year 2b. HOUR OF ESTI-
loy is 3 to Poge ant of	(Type or Print) Perry Nove 2 Clark DEATH MATED 2 1968 8 PM
ny deloy	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
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of of of	odmission) STATE Md. 13b. COUNTY Calvert Brosac Ishan YES NO
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	WHILE NOT WHILE foctory, office building, etc.)
EXAMINER: ecute the cert Poge 4 should or your files. R: Poge 3 should old cremation, old cremation.	AT WORK AT WORK
ICAL E executor. Poged for CTOR: Burriol,	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion
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please e l' director retained DIRECT	CHIEF MEDICAL EXAMINER
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o DEPUTY SICAL EXAM necessory, please execute the funerol director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, cren	NAME (Type) /4. W. NGra M.D. ADDRESS(Street, city, town, or county) Owings, Myd.
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VR A15ME (5) 10M REV, 1/68	G. G. Harkness + Don for Bepublic, Man DATE AUG 2 6 1968 yourses Judge.
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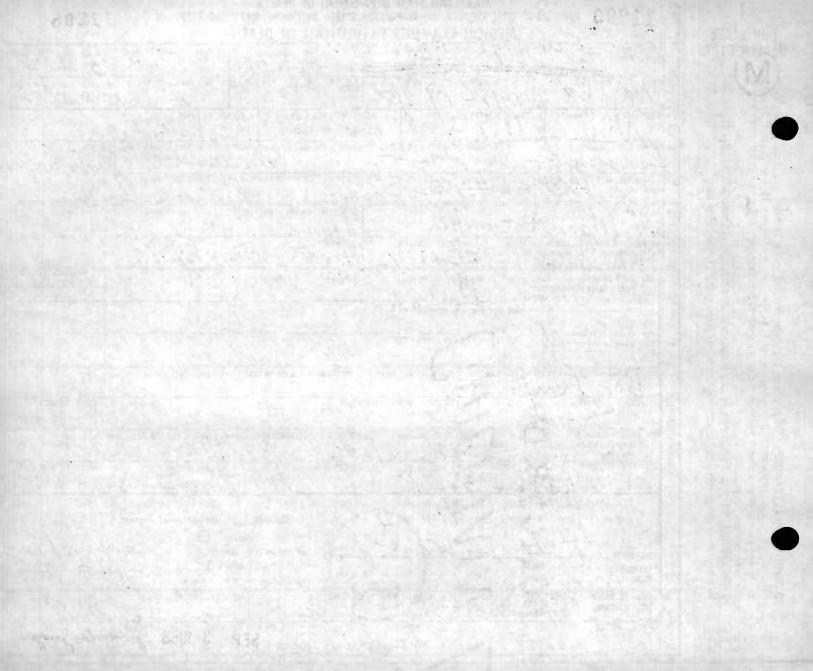
11	MAKILAND SIAIE DEPARIMENT OF HEALTH	
	11288 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	96
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME 2 First . Middle / Cost 20. DATE KNOWN Month Day Your	25. HOUR
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MARYLAND STATE DEPARTMENT OF HEALTH

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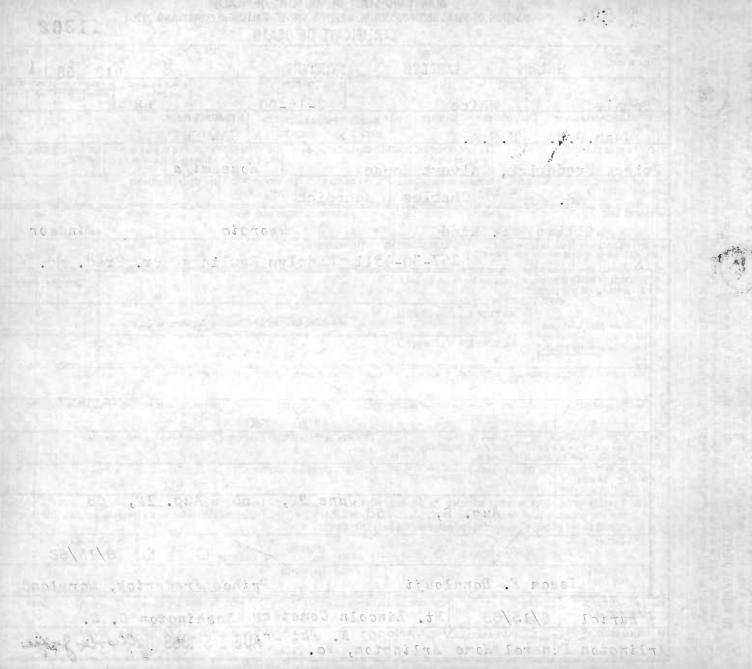
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1298
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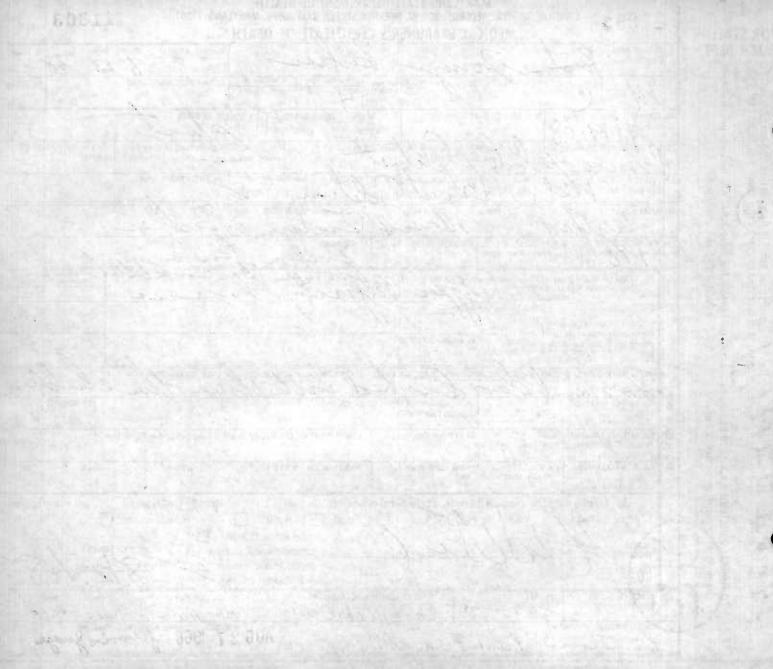
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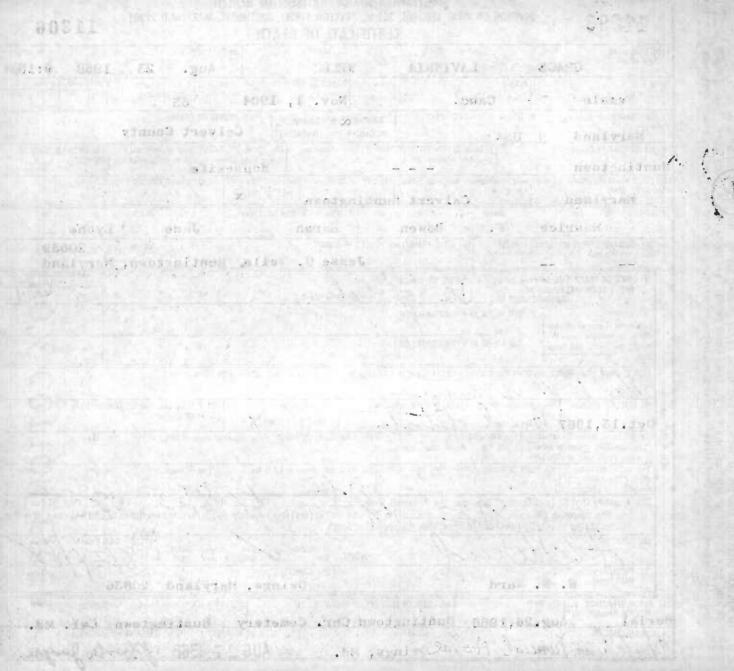


	MARTLAND STATE DEPARTMENT OF HEALTH
	1129 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME 20. DATE KNOWN Month Day Year 2b. HOUR
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3/	24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE
VR A15ME (5)	P. E. Sewell Prince Fred, Md DATE AUG 27 1968 Clientes Judges



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MARYLAND STATE DEPARTMENT OF HEALTH

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